

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SEARCH NO.  
APPLICANT(S)  
FILING DATE  
12-28-00

CLAIMS

AS FILED      AFTER 1st AMENDMENT      AFTER 2nd AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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49					
50					
TAL	3				
TAL	25				
TAL					
AMNS					

IND.	DEP.	IND.	DEP.	IND.	DEP.
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL	25				